

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/980/174	FILING DATE						
						APPLICANT(S)							
						CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25	11						75						
26		1					76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45	11						95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	11		11		11		TOTAL IND.	11		11		11	
TOTAL DEP.	11		11		11		TOTAL DEP.	11		11		11	
TOTAL CLAIMS	110		110		110		TOTAL CLAIMS	110		110		110	